

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

RECEIVED

2012 APR 17 PM 1:44

DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

ANA MARIA PANDO

3. Address (include post office box or street, city, state, zip code)

8360 WEST FLAGLER SUITE 200
MIAMI FL 33144

4. Telephone

(305) 807-3130

5. E-mail address

PANDO325@AOL.COM

6. Office sought (include district, circuit, group number)

COUNTY COURT JUDGE GROUP 10

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

ANA MARIA PANDO

11. Mailing Address

8360 WEST FLAGLER STREET SUITE 200

12. Telephone

(305) 807-3130

13. City

MIAMI

14. County

DADE

15. State

FL

16. Zip Code

33144

17. E-mail address

PANDO325@AOL.COM

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

WELLS FARGO

20. Address

200 S. BISLAYNE BLVD.

21. City

MIAMI

22. County

DADE

23. State

FL

24. Zip Code

33134

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

April 17, 2012

26. Signature of Candidate

X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, ANA MARIA PANDO, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

April 17, 2012
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE
CANDIDATE OATH

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OATH OF CANDIDATE (Section 105.031, Florida Statutes) MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

I, ANA MARIA PANDO
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the judicial office of COUNTY COURT, N/A, 11TH,
(office) (district #) (circuit #)
10; my legal residence is MIAMI-DADE County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X [Signature] (305) 807-3130 PANDO 325 @ AOL.COM
Signature of Candidate Telephone Number Email Address

8360 WEST FLAGLER ST. ; SUITE 200 ; MIAMI FL 33144
Address City State ZIP Code

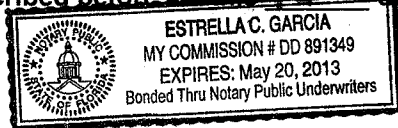
Candidate's Florida Voter Registration Number (located on your voter information card): 109 175 175

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):
AH - NAA - MA - REEA - PAN - DO

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16th day of April, 20 12.

Personally Known: or



[Signature]
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public

Produced Identification: _____

Type of Identification Produced: _____



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 6741139

RECEIVED FROM Judge Ana Maria Pando
 ADDRESS 8360 W Flagler St. Suite 200
STREET ADDRESS
Miami FL 33144
CITY STATE ZIP

DATE 4 / 17 / 12
MONTH DAY YEAR
 CASH \$ _____
 CHECKS \$ 5,371 . 20
 TOTAL \$ 5,371 . 20

AMOUNT OF: Five Thousand Three Hundred Seventy One DOLLARS, AND Twenty CENTS

FOR PAYMENT OF: Qualifying Fee - Judge Group 10

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

BY: A. Vencesse

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

JUDGE ANA MARIA PANDO CAMPAIGN FUND
 8360 W FLAGLER ST STE 200
 MIAMI, FL 33144-2042

1009

63-751/631 20041
 3344384064

DATE 04/16/2012

PAY TO THE ORDER OF

Board of County Commissioners

\$ 5371.20

Five thousand three hundred seventy one and 20/100

DOLLARS



Wells Fargo Bank, N.A.
 Florida
 wells Fargo.com

FOR

filing fee



Security Features Details on Back

MP

Please print or type your name, mailing address, agency name, and position below :

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Pando, Ana Maria

MAILING ADDRESS:

Hialeah Branch Courthouse

11 East 6 Street, #225

CITY :

Hialeah, FL

ZIP :

33010

COUNTY :

Miami-Dade

NAME OF AGENCY :

Eleventh Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami-Dade County Judge Group 10

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY: RECEIVED

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ID Code

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of April 15, 2012 was \$ -13,000

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 175,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

See Attached List

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

See Attached List

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

FORM 6
FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS - 2011

PART B - ASSETS

[Assets Individually valued at over \$1,000]

	<u>Value of Asset</u>
REAL PROPERTY LOCATED IN UNINCORPORATED MIAMI-DADE CO. <i>(Primary Residence)</i>	\$ 450,000.00
TIME SHARE: SOUTH BEACH VACATION SUITES <i>(Undivided Interest No. 2806)</i>	34,000.00
2007 Lexus GS 350 <i>(Personal Vehicle)</i>	28,000.00

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FORM 6
FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS - 2011

PART C - LIABILITIES
[Liabilities In Excess of \$1,000]

	<u>Amount of Liability</u>
BANK OF AMERICA P.O. Box 650070 Dallas, Tx 75265-0070 <i>(First Mortgage, Primary Residence)</i>	\$ 540,000.00
BORIS FALKOV 7100 SW 66 Street Miami, FL 33143 <i>(Second Mortgage, Primary Residence)</i>	30,000.00
HOUSEHOLD FINANCE P.O. Box 1547 Chesapeake, VA 23320	2,500.00
LORENA BLONSKY & TODD LEWISON (C/O 20818 West Dixie Highway, Miami, FL 33180)	100,000.00
HGVC P.O. Box 402705 Atlanta, GA 30384-2705	2,000.00
Lexus Financial Services P.O. Box 5855 Carol Stream, IL 60197-5805	25,000.00

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HAMILTON COUNTY
ELECTIONS DEPARTMENT

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

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PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT	

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N/A		

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

OATH

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 16th day of

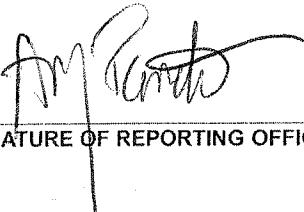
April, 2012 by Estrella Garcia

(Signature of Notary Public--See )

May 20, 2013
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

LIMA, RIOS AND MARRERO, P.A.
8360 W. FLAGLER STREET, SUITE 200
MIAMI, FL 33144-2075

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2012 APR 17 PM 1:34

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

February 8, 2012

CONFIDENTIAL

ANA M. PANDO

TAXPAYER COPY

Dear ANA:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

You may check the status of your refund using any of the following methods:

Online: Go to <http://www.irs.gov> and click "Where's My Refund"

Telephone: 1-800-829-4477 - 24 hours, 7 days a week

Smart phone: Download the free **IRS2Go** application at either the iTunes app store or the Android Marketplace

Have a copy of your 2011 return available because you will need to provide information such as the filing status and the **exact** amount of your refund. You should allow 1 week after your return has been filed before checking on the status of your refund.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

TAXPAYER COPY

LIMA, RIOS AND MARRERO, P.A.

IRS CIRCULAR 230 DISCLOSURE REQUIREMENT: IRS Circular 230 requires us to notify you that any tax advice contained in this communication (including attachments) is not intended or written to be used, and cannot be used, by any person for the purpose of avoiding tax penalties that may be imposed by law.

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2012 APR 17 PM 1:34
JEFFERSON COUNTY
ELECTIONS DEPARTMENT

Filing Instructions

U.S. Individual Income Tax Declaration for an IRS e-file Return with Electronic Filing Personal Identification Number

Taxable Year Ended December 31, 2011

Name: ANA M. PANDO

TAXPAYER COPY

Date Due: April 17, 2012

Remittance: None is required. The return shows a total overpayment of \$1,991, which is to be refunded in its entirety.

An amount of \$1,991 will be direct deposited into your US CENTURY checking account no. ***0628.

Signature: Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible, together with your payment for the services rendered as per the enclosed invoice to:

LIMA, RIOS AND MARRERO, P.A.
8360 W. FLAGLER STREET, SUITE 200
MIAMI, FL 33144-2075

Important: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization Form has been received by this office, together with the payment of our invoice for the services rendered.

Other: Initial and date the copy of the IRS e-file Signature Authorization and Form 1040, and retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

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2012 APR 17 PM 1:34
FRONT RANGE COUNTY
ELECTIONS DEPARTMENT

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records. See instructions.

2011

Declaration Control Number (DCN)

00603318000512012 APR 17 PM 1:34

Taxpayer's name

ANA M. PANDO

Social security number

TRINIDAD COUNTY
ELECTIONS DEPARTMENT

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	130,135
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	23,326
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	25,317
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	1,991
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize LIMA, ROS AND BARRERO, A to enter or generate my PIN 77477 as my signature on my tax year 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 01/26/12

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

60331833144

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 01/26/12

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Taxpayer Name ANA M. PANDO
Spouse Name _____

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 60331833144

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2012 APR 17 PM 1:34
TARRANT COUNTY
ELECTIONS DEPARTMENT

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an eCH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

CLIENT COPY

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 01/26/12

Taxpayer's PIN (enter five numbers, other than all zeroes) 77477

Spouse's PIN (enter five numbers, other than all zeroes) _____

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

Form 1040 U.S. Individual Income Tax Return (99) 2011

OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

Your first name and initial ANA M. Last name PANDO Your social security number

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/county Foreign postal code Presidential Election Campaign

Filing Status 1 Single 2 Married filing jointly 3 Married filing separately 4 Head of household 5 Qualifying widow(er)

Exemptions 6a Yourself 6b Spouse

Table with columns for (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qual. for child tax credit.

d Total number of exemptions claimed Add numbers on lines above 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 130,135

8a Taxable interest. Attach Schedule B if required 8a

8b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

9b Qualified dividends 9b

10 Taxable refundable credits of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 130,135

Table for Adjusted Gross Income with lines 23-37 and corresponding amounts.

CLIENT COPY

RECEIVED APR 17 PM 1:36 ELECTIONS DEPARTMENT

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 130,135
39a Check if: You were born before January 2, 1947, Blind. Spouse was born before January 2, 1947, Blind. Total boxes checked 39a

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 8,500
41 Subtract line 40 from line 38 41 121,635
42 Exemptions. Multiply \$3,700 by the number on line 6d 42 7,400
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 114,235
44 Tax (see instr.). Check if any from: a Form(s) 8814 b Form 4972 c 962 elec. 44 23,326
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 23,326

Other Taxes

47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 23 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit (see instructions) 51
52 Residential energy credits. Attach Form 5695 52
53 Other credits from Form: a 3800 b 8801 c 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 23,326
56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a 4137 b 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59a Household employment taxes from Schedule H 59a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55 through 60. This is your total tax 61 23,326

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 25,317
63 2011 estimated tax payments and amount applied from 2010 return 63
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Form 8811 65
66 American opportunity credit from Form 8863, line 14 66
67 First-time homebuyer credit from Form 5405, line 10 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a 2439 b 8839 c 8801 d 8885 71
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 25,317

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 1,991
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 1,991
Direct deposit? See instructions.
b Routing number
c Type: X Checking Savings
d Account number
75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76
77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below. No
Designee's name: MANUEL MARRERO
Personal identification number (PIN): 33144
Phone no.: 305-554-7229

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature: [Signature] Date: [Date] Your occupation: JUDGE Daytime phone number:
Spouse's signature. If a joint return, both must sign. Date: Spouse's occupation: If the IRS sent you an Identity Protection PIN, enter it here (see instr.):

Paid RAMON L. MARIÑO Preparer's signature Date 02/08/12 Check if self-employed PTIN P00951600

Preparer Use Only Firm's name: LIMA, RIOS AND MARRERO, P.A. Firm's EIN:
Firm's address: 8360 W. FLAGLER STREET, SUITE 200 MIAMI FL 33144-2075 Phone no.:

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Federal Statements

STATE OF FLORIDA

Form W-2, Box 14 - Other

Description	Amount
IRC SECTION 125 FLEXIBLE BENEFITS PROGRAM	\$ 2,316
TOTAL	\$ 2,316

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ELECTIONS DEPARTMENT

EDUCATION EXPENSE OPTIMIZATION REPORT
TAX YEAR 2011

TAX SUMMARY:	ADJUSTED GROSS INCOME	130,135
	TAXABLE INCOME	114,235
	TAX BEFORE CREDITS	23,326
	NONREFUNDABLE CREDITS	0
	OTHER TAXES	0
	TOTAL TAX	23,326
	LESS: REFUNDABLE CREDITS	0
	OTHER PAYMENTS	25,317
	ADD: ESTIMATED TAX PENALTY, LATE PENALTIES AND INTEREST	0
	FEDERAL NET DUE/OVERPAYMENT	<u>-1,991</u>
	MARGINAL TAX RATE:	
	FEDERAL	25.000%

NOTES: STUDENTS ARE NOT ELIGIBLE FOR NONREFUNDABLE EDUCATION CREDITS DUE TO AGI LIMITS OR INSUFFICIENT TAX LIABILITY.
 STUDENTS ARE NOT ELIGIBLE FOR THE TUITION AND FEES DEDUCTION DUE TO AGI LIMITS.

	AMERICAN OPPTY CR	LIFETIME LEARNING CR	TUITION AND FEES DED
STUDENT SUMM: GUILLERMO DE LA PUENTE			
TOTALS	<u>0</u>	<u>0</u>	<u>0</u>

* OPTIMIZED AMOUNT
 ** MAXIMUM AMOUNT ALLOWED

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Form **1040** **Salaries & Wages Report** **2011**

Name **ANA M. PANDO** Taxpayer Identification Number _____

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	STATE OF FLORIDA	130,135	25,317	106,800
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer Spouse Totals		<u>130,135</u>	<u>25,317</u>	<u>106,800</u>

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	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	4,486	132,150	1,916				2,316
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer Spouse Totals	<u>4,486</u>	<u>132,150</u>	<u>1,916</u>				<u>2,316</u>

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	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	FL					
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer Spouse Totals						

Form **1040**

Two Year Comparison Report - Page 1

2010 & 2011

Name **ANA M. PANDO**

Taxpayer Identification Number

	2010		2011		Differences
	HH		HH		
Filing Status					
Dependents claimed		1		1	
1. Salaries and wages	1.	132,730		130,135	-2,595
2. Interest income	2.				
3. Tax exempt interest income	3.				
4. Dividend income	4.				
5. Qualified dividend income	5.				
6. Taxable state/local refunds	6.				
7. Alimony received	7.				
8. Business income/loss	8.				
9. Capital gain/loss	9.				
10. Other gains/losses	10.				
11. Taxable IRA distributions	11.				
12. Taxable pensions	12.				
13. Rent and royalty income including farm rental	13.	-8,635			8,635
14. Partnership/S corp income	14.				
15. Estate or trust income	15.				
16. Farm income/loss	16.				
17. Unemployment compensation	17.				
18. Taxable social security	18.				
19. Other income	19.				
20. Total income	20.	124,095		130,135	6,040
Adjustments					
21. Moving expenses	21.				
22. Self-employment tax adjustment	22.				
23. SEP/SIMPLE/Qualified plan deductions	23.				
24. SE health insurance	24.				
25. Forfeited interest	25.				
26. Alimony paid	26.				
27. IRA deductions	27.				
28. Student loan interest	28.				
29. Other adjustments	29.				
30. Adjusted gross income	30.	124,095		130,135	6,040
Deductions					
31. Medical	31.				
32. Taxes	32.	1,322		5,641	4,319
33. Interest	33.	2,198		12	-2,186
34. Contributions	34.	165		180	15
35. Casualty losses	35.				
36. Miscellaneous expenses	36.				
37. Allowable itemized deductions	37.	3,685		5,833	2,148
38. Standard deduction	38.	8,400		8,500	100
		STANDARD		STANDARD	
39. Deduction taken	39.	8,400		8,500	100
40. Subtract line 39 from line 30	40.	115,695		121,635	5,940
41. Exemptions	41.	7,300		7,400	100
42. Taxable income	42.	108,395		114,235	5,840

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Form **1040** **Two Year Comparison Report - Page 2** **2010 & 2011**

Name **ANA M. PANDO** Taxpayer Identification Number

	2010	2011	Differences
43. Taxable income from 2YR page 1, line 42	108,395	114,235	5,840
44. Tax on taxable income	21,946	23,326	1,380
45. Alternative minimum tax			
46. Child care credit			
47. Education credits			
48. Retirement savings credit			
49. Child tax credit			
50. General business credit			
51. Other credits			
52. Total credits			
53. Net tax liability	21,946	23,326	1,380
54. Self-employment taxes			
55. Other taxes			
56. Total tax	21,946	23,326	1,380
57. Income tax withheld	26,099	25,317	-782
58. Estimated tax payments			
59. Earned income credit			
60. Additional Child tax credit			
61. Other refundable tax credits			
62. Other payments			
63. Total payments	26,099	25,317	-782
64. Tax due/-refund	-4,153	-1,991	2,162
65. Penalties and interest			
66. Net tax due/-refund	-4,153	-1,991	2,162
67. Refund applied to estimated tax payments			
68. Refund received	-4,153	-1,991	2,162
69. Marginal tax rate	25.0%	25.0%	
70. Effective tax rate	20%	20%	

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Form **1040**

Tax Return History Report - Page 1

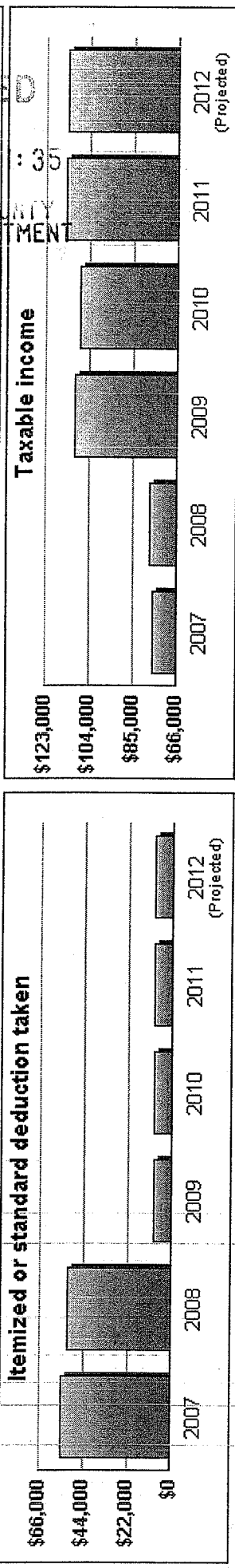
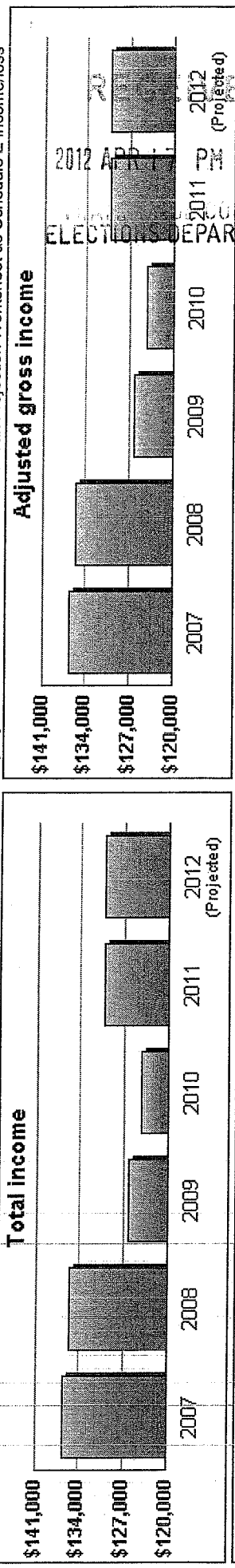
2011

Name **ANA M. PANDO**

Taxpayer Identification Number

	2007	2008	2009	2010	2011	2012 PROJECTED
Filing Status	MFS	MFS	HH	HH	HH	HH
Salaries and wages	136,484	135,467	134,049	132,730	130,135	130,135
Interest income						
Dividend income						
Business income/loss						
Capital gains/losses						
Other gains/losses						
IRA distributions, pensions, annuities		25				
Rent, royalty, farm rental income			-7,976	-8,635		
Partnership/S corp income						
Estate or trust income						
Farm income/loss						
Other income/loss						
Total income	136,484	135,492	126,073	124,095	130,135	130,135
Total adjustments						
Adjusted gross income	136,484	135,492	126,073	124,095	130,135	130,135
Allowable itemized deductions	55,185	57,946	58,370	53,885	5,833	5,833
Standard deduction	5,350	5,950	8,370	8,400	8,500	8,700
Itemized or standard deduction taken	55,185	51,946	8,350	8,400	8,500	8,700
Exemptions	5,349	6,393	7,300	7,300	7,400	7,600
Taxable income	75,950	77,153	110,423	108,395	114,235	113,835

1 Combined with interest income on the Federal Tax Projection Worksheet 2 Combined with Rent, royalty, farm rental income on the Federal Tax Projection Worksheet as Schedule E income/loss



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 COUNTY ELECTIONS DEPARTMENT

Form **1040**

Tax Return History Report - Page 2

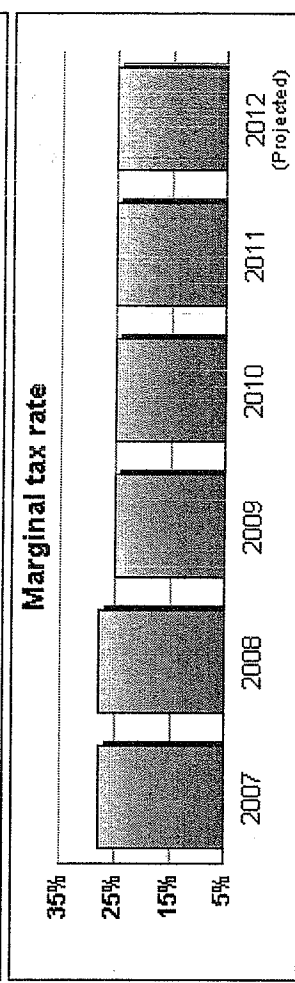
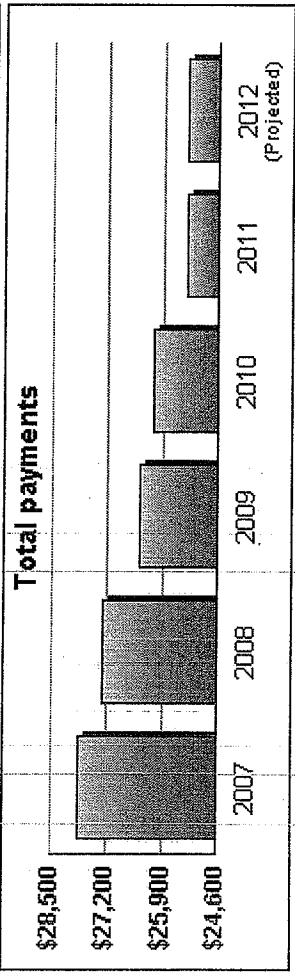
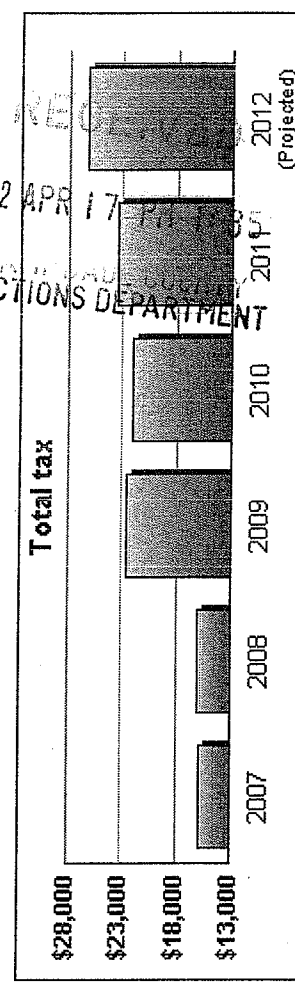
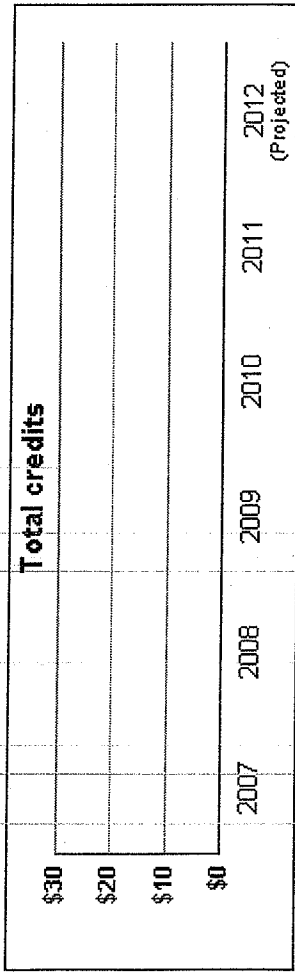
2011

Name **ANA M. PANDO** Taxpayer Identification Number

	2007	2008	2009	2010	2011	2012 PROJECTED
Taxable income	75,950	77,153	110,423	108,395	114,235	113,835
Tax on taxable income	15,769	15,981	22,458	21,946	23,326	23,104
Alternative minimum tax						3,102
Total credits						
Net tax liability	15,769	15,981	22,458	21,946	23,326	26,206
Self-employment taxes						
Other taxes						
Total tax	15,769	15,981	22,458	21,946	23,326	26,206
Income tax withheld	27,856	27,324	26,448	26,099	25,317	25,317
Estimated tax payments						
Other payments						
Total payments	27,856	27,324	26,448	26,099	25,317	25,317
Total due/-refund	-12,087	-11,343	-3,990	-4,153	-1,991	889
Penalties and interest						
Net tax due/-refund	-12,087	-11,343	-3,990	-4,153	-1,991	889
Refund applied to estimated tax payments						
Refund received	-12,087	-11,343	-3,990	-4,153	-1,991	
Marginal tax rate	28.0%	28.0%	25.0%	21.0%	25.0%	25.0%
Effective tax rate	21%	21%	20%	20%	20%	23%

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2012 APR 17
ELECTIONS DEPARTMENT



1040

Federal Return Summary

2011

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Name ANA M. PANDO Taxpayer Identification Number
 2012 APR 17 PM 1:36

Tax Form 1040

Filing Status HH
 Dependents 1
 ELECTIONS DEPARTMENT

Income

Salaries & wages	130,135
Taxable interest income	
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	130,135

Tax Computation

Regular tax	23,326
Alternative minimum tax	
Total tax before credits	23,326
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	23,326
Self-employment tax	
Additional tax on IRAs, etc.	
Other taxes	
Total tax	23,326

Payments

Federal income tax withheld	25,317
Estimated payments	
Other payments/credits	
Total payments	25,317

Adjustments

Moving expenses	
Self-employment tax adjustment	
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	
Adjusted gross income	130,135

Refund/Amount Due

Amount overpaid	1,991
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-1,991
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-1,991

Deductions

Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total allowable itemized deductions	
or, Standard deduction	8,500
Exemption amount	7,400
Taxable income	114,235

2012 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Tax Rates

Marginal tax rate	25.0 %
Effective tax rate	20 %
Rate of Long-term capital gain	%